

Arizona Department of Insurance & Financial Institutions

Report of 2020 Disputed Surprise Out-of-Network ("SOON") Bills per ARS § 20-3118(A)

| 1 | Total number of inquiries regarding dispute resolution | |
|---|--|-----|
| | of SOON bills received in Calendar Year 2020 | 214 |
| | In progress as of December 31, 2020 | 20 |
| | Resolved in Calendar Year 2020 (includes cases in progress at | |
| | End of Year 2019 and resolved in 2020) | 245 |
| | | _ |
| | | |
| 2 | Of the requests resolved in CY 2020, number that did | |
| | not qualify for dispute resolution | 144 |
| | > Coverage was from a self-funded plan, exempted by | |
| | ARS § 20-3112(6) from qualification. Self-funded plans, also | |
| | referred to as ERISA plans, are not insurance (and not subject | |
| | to Arizona law). They are plans for which an employer | |
| | contracts with an administrator to collect premiums and pay | |
| | claims on the employer's behalf. | 32 |
| | > Surprise bill was not at least \$1,000 as required by ARS | |
| | § 20-3114(A)(3). | 37 |
| | > Coverage was through a health care service organizaton | |
| | (a.k.a. "HMO"). ARS § 20-3111(11) excludes HMO plans | |
| | because an HMO pays non-contracted providers when a | |
| | member obtains a covered health care service in a contracted | |
| | facility. | 11 |
| | > Health care service was rendered prior to January 1, | |
| | 2019, the effective date of Title 20, Chapter 20, Article 2. | 6 |
| | > Coverage was provided by a federal employee health | |
| | plan, which is not subject to Arizona law. | 13 |
| | > The healthcare service was not provided in a health | _ |
| | care facility as defined in ARS §§ 20-3111(8) and 36-437. | 5 |
| | > The enrollee failed to participate in the informal | |
| | stetlement teleconference as required by ARS § 20-3114(B). | 0 |
| | > Coverage was from a limited benefit plan, exempted by | 4 |
| | ARS § 20-3112(2) from qualification. | 1 |
| | > Other (e.g., out of state) | 39 |
| | | |
| 3 | Of the requests resolved in Calendar Year 2020, number | |
| | of disputes that qualified for dispute resolution | 101 |
| 8 | > The number settled during an informal settlement | |
| | teleconference. | 44_ |
| | > The number settled after qualification but before an | |
| | informal settlement teleconference. | 40 |
| 9 | > The number settled/decided through arbitration. | 1 |
| | > Other (e.g., settled after IST but before arbitration) | 16 |
| | | |

| 4 | Of the requests resolved in Calendar Year 2020, the most common requests for dispute resolution by health | |
|----|---|---------------|
| | Care provider specialty area Anesthesiology | 07 |
| | Emergency Physician | 97 59 |
| | Radiology | 8 |
| | Pathology | 3 |
| 5 | Of the requests resolved in Calendar Year 2020, the most common requests for dispute resolution by health care service | |
| | Anesthesiology | 96 |
| | Emergency | 64 |
| | Surgery | 14 |
| | Radiology | 6 |
| | Assistant Surgeon/Anesthetist | 4 |
| 6 | Of the requests resolved in Calendar Year 2020, the number of disputes by geographic area (county) | |
| | Apache | 0 |
| | Cochise | 2 |
| | Coconino | 2 |
| | Maricopa | 178 |
| | Mohave | 3 |
| | Pima | 26 |
| | Pinal | 1 |
| | Yavapai | 0 |
| | Out of State | 2 |
| | Unknown (e.g., not available, case ineligible) | 31 |
| 7 | Of the requests resolved in Calendar Year 2020, the most common requests for dispute resolution based on the type of health care facility in which the health care services were provided | |
| | Hospital | 1.05 |
| | Outpatient Surgical Center | 165 37 |
| | Laboratory | 37 |
| 10 | The number of times the teleconference was not attended: a. By the enrollee | 1 |
| | b. By the provider or provider representative | <u>+</u> 5 |
| | c. By the insurer | 0 |
| | | |

11 The average percentage by which resolved disputed surprise out-of-network bills were reduced from the initially billed amount

| > Total surprise bill amounts ORIGINALLY OWED by | |
|---|------------|
| , , , , , , , , , , , , , , , , , , , | |
| enrollees for ALL RESOLVED REQUESTS (those that qualified | |
| AND those that did not qualify for dispute resolution). \$8 | 343,629.14 |
| > Total surprise bill amounts ORIGINALLY OWED by | |
| enrollees for REQUESTS THAT DID NOT QUALIFY for dispute | |
| resolution. \$4 | 187,233.87 |
| > Total surprise bill amounts ORIGINALLY OWED by | |
| enrollees for REQUESTS THAT QUALIFIED for dispute | |
| resolution. \$3 | 349,153.87 |
| > Total FINAL SURPRISE BILL AMOUNTS OWED by | |
| enrollees for REQUESTS THAT QUALIFIED for dispute | |
| resolution. | \$0.00 |
| > Total reduction to surprise bill amounts owed by | |
| enrollees. \$3 | 349,153.87 |
| > Average percentage reduction FOR ALL RESOLVED | |
| REQUESTS (those that qualified AND those that did not | |
| qualify for dispute resolution): \$349,153.87 reduction divided | |
| by \$843,629.14 total originally owed for all resolved requests | 41.4% |
| > Average percentage reduction for REQUESTS THAT | |
| QUALIFIED for dispute resolution: \$349,153.87 reduction | |
| | |
| divided by \$349,153.87 total originally owed for all qualified | |